



Belleville KS ~ Cuba KS

Toll Free: 888-235-7976



The Switch Kit

At New Century Bank, we want to make your transition to our bank as easy as possible. Simply print and complete the form(s) below, then bring them to any of our convenient locations.

ACCOUNT INFORMATION

Account Type: ___ Checking ___ Savings ___ Super Now ___ Money Market

___ Individual Acct

___ Joint Acct
With right of survivorship
not as tenants in common.

___ Joint Acct
As tenants in common

Owner: _____

Co-Owner: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Ph: _____ Work Ph: _____

Home Ph: _____ Work Ph: _____

Social Security #: _____

Social Security #: _____

Driver's License #: _____ State: _____

Driver's License #: _____ State: _____

Date of Birth: _____

Date of Birth: _____

City of Birth: _____

City of Birth: _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

The information I have provided is correct to the best of my knowledge. I authorize New Century Bank to check Credit and/or Employment history should it be deemed necessary.

Date: _____

Owner Signature: _____

Co-Owner Signature: _____

PLEASE PROVIDE COPY OF ONE (1) FORM OF IDENTIFICATION, i.e. DRIVER'S LICENSE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

AUTHORIZATION FOR DIRECT DEPOSIT

You are currently depositing my paycheck in whole or in part or you are making a payment into the following account:

Current Bank: _____

Routing Number: _____

Account Number: _____

Please begin making these automatic deposits into my New Century Bank account on _____
_____ (date).

New Century Bank Routing Number: _____

New Century Bank Account Number: _____

Customer Signature: _____ Date: _____

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL

Please change accounts for my Automatic Withdrawal

Date: _____

(COMPANY NAME)

(ADDRESS)

(CITY, STATE, ZIP)

I have changed financial institutions to New Century Bank. You are currently withdrawing
\$ _____ (or paying my current bill amount) from the following acct:

Current Bank: _____

Routing Number: _____ Acct #: _____

Payment Reason: _____ Day of Month: _____

Please discontinue making withdrawals from this account on _____ (date) and begin making
them from my New Century Bank account:

New Century Bank Routing Number: _____

New Century Bank Account Number: _____

Name: _____ Date: _____

(ADDRESS)

(CITY, STATE, ZIP)

(Customer Signature)